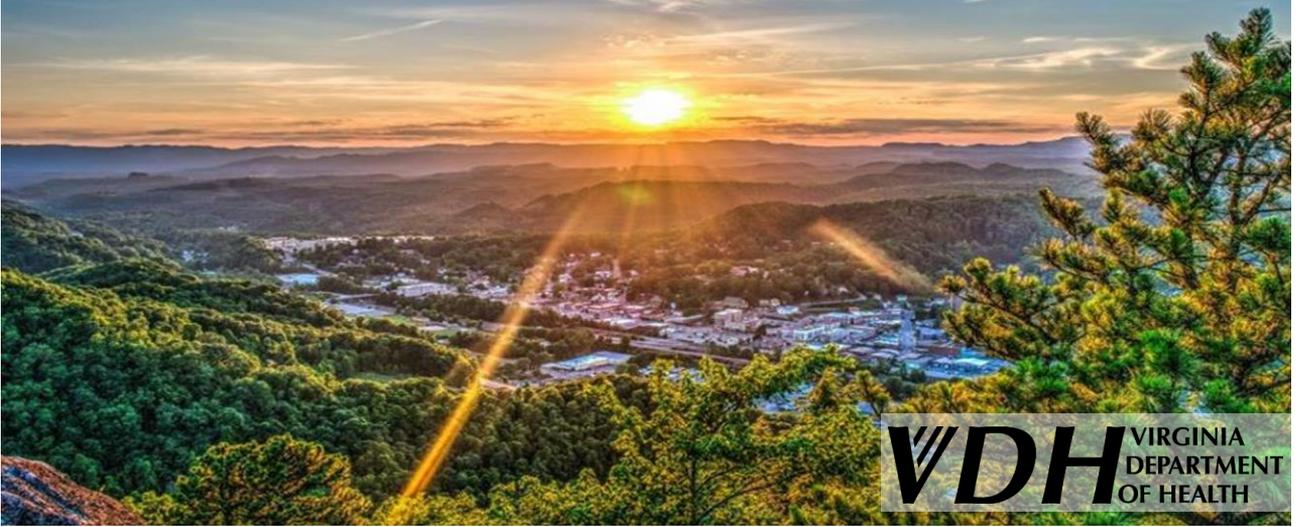
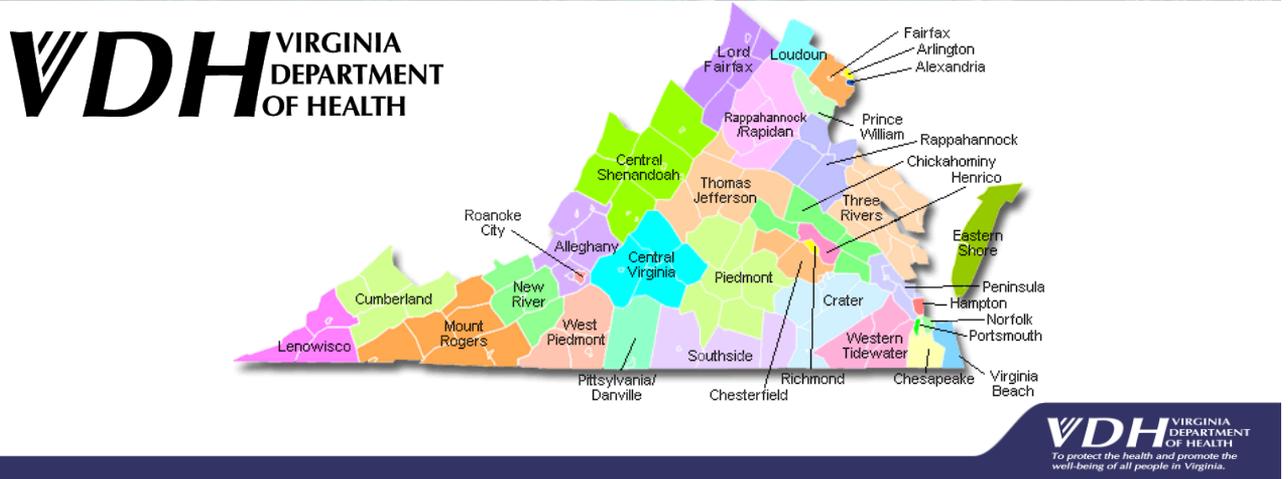


# SAVING LIVES THROUGH TARGETED HARM REDUCTION



1



2

## What is Harm Reduction?

- Meets people where they are in their use and their lives.
- A more pragmatic and compassionate approach to public health, recognizing that some behaviors may be difficult or impossible to eliminate entirely.
- Rather than focusing on eliminating the behavior, harm reduction aims to minimize the negative effects of the behavior on the individual and community.
- Focuses on safer drug use practices, celebrating small victories, and empowering clients to prevent harms to which they are routinely exposed.
- Utilizes trauma-informed approach to working with participants with the understanding that many, if not most, participants have experienced some form of trauma that has contributed to the development of their addiction.

3

### What Harm Reduction CAN do!

- Prevent HIV, HBV, and HCV
- Reduce fatal overdoses by providing REVIVE training and Naloxone distribution
- Increase entry to into drug treatment
- Facilitate referrals and linkages to housing, mental health services, health insurance, and other resources in the community
- Reduce needle stick injuries to first responders
- Remove used syringes from circulation and inappropriate disposal
- Provide testing and treatment referrals for HIV, HBV, HCV, and STIs
- Reduce occurrences of endocarditis and abscesses



4

## What Harm Reduction does NOT do!

- CHR does not increase drug use or create new injectors
- Increase crime rates
- Increase discarded needles in public settings
- Give individuals “permission” to use illegal drugs

5

## Adverse Childhood Experiences (ACE) Scores

### What are adverse childhood experiences?

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- substance use problems
- mental health problems
- instability due to parental separation or household members being in jail or prison

Please note the examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and wellbeing.

ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. However, ACEs can be prevented.



ACEs are common. About 61% of adults surveyed across 25 states reported they had experienced at least one type of ACE before age 18, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

Preventing ACEs could potentially reduce many health conditions. For example, by preventing ACEs, up to 1.9 million heart disease cases and 21 million depression cases could have been potentially avoided.

Some children are at greater risk than others. Women and several racial/ethnic minority groups were at greater risk for experiencing four or more types of ACEs.

**ACEs are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year. A 10% reduction in ACEs in North America could equate to an annual savings of \$56 billion.**

[Fast Facts: Preventing Adverse Childhood Experiences | Violence Prevention | Injury Center | CDC](#)

6

# Scott County, Indiana

- December 2014- **3** HIV diagnoses → May 2018- **231** HIV diagnoses
  - Previously, only 5 total HIV infections reported between 2004-2013
  - All linked to **single** strain of HIV
  - **91%** co-infected with Hepatitis C

• **Scott County Population: 24,000** | **Austin, IN Population: 4,200**



**VDH** VIRGINIA DEPARTMENT OF HEALTH  
Protecting You and Your Environment

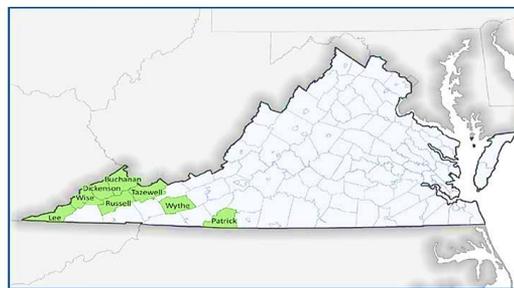
7

## 220 Vulnerable Counties- CDC

**VIRGINIA**

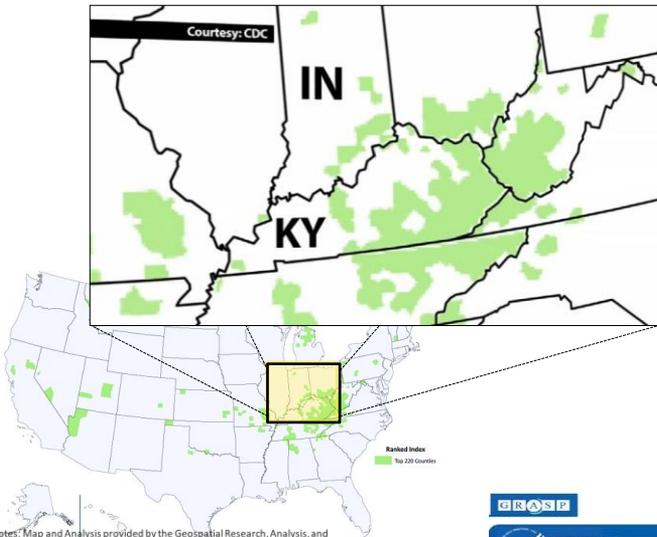
**8 Counties Identified**

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons Who Inject Drugs



Notes: Map and Analysis provided by the Geospatial Research, Analysis, and Services Program (GRASP), Div of Toxicology and Human Health Sciences, ATSDR (2015). Data Sources: American Community Survey 2012-2013; DEA ARCOS 2013; NCHS/NVSS 2012-2013; SAMHSA DATA 2000 Program Info 2014.

Vulnerable Counties and National Ranks (from 1-220)			
Buchanan	28	Lee	73
Dickenson	29	Wythe	210
Russell	61	Tazewell	96
Patrick	166		



Notes: Map and Analysis provided by the Geospatial Research, Analysis, and Services Program (GRASP), Div of Toxicology and Human Health Sciences, ATSDR (2015). Data Sources: American Community Survey, 2012-2013; DEA ARCOS 2013; NCHS/NVSS 2012-2013; SAMHSA DATA 2000 Program Info 2014.



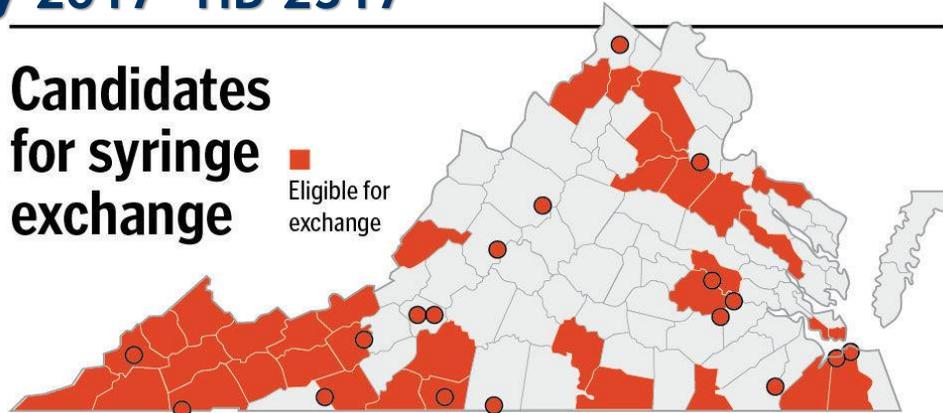
**VDH** VIRGINIA DEPARTMENT OF HEALTH  
Protecting You and Your Environment

CDC Vulnerability Assessment: <https://stacks.cdc.gov/view/cdc/46647>

8

## July 2017- HB 2317

### Candidates for syringe exchange



The Virginia Department of Health identified 55 localities with high rates of hepatitis C as candidates to open a syringe exchange. They include Salem, Roanoke and Radford.

The Roanoke Times

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
*Protecting You and Your Environment*

9

## Wise County gets approval to launch Virginia's first needle exchange

By KATIE O'CONNOR Richmond Times-Dispatch • Apr 25, 2018

### One Year Later, Wise County Needle Exchange the Only in the State

By MALLORY NOE-PAYNE • OCT 4, 2018

Virginia's first needle exchange could open this year,  
as localities seek support for the programs

By Amy Friedenberger amy.friedenberger@roanoke.com 981-3356 • Apr 25, 2018

### The Needle Exchange in Wise is Working, so Why Aren't There More?

By MALLORY NOE-PAYNE • DEC 19, 2018

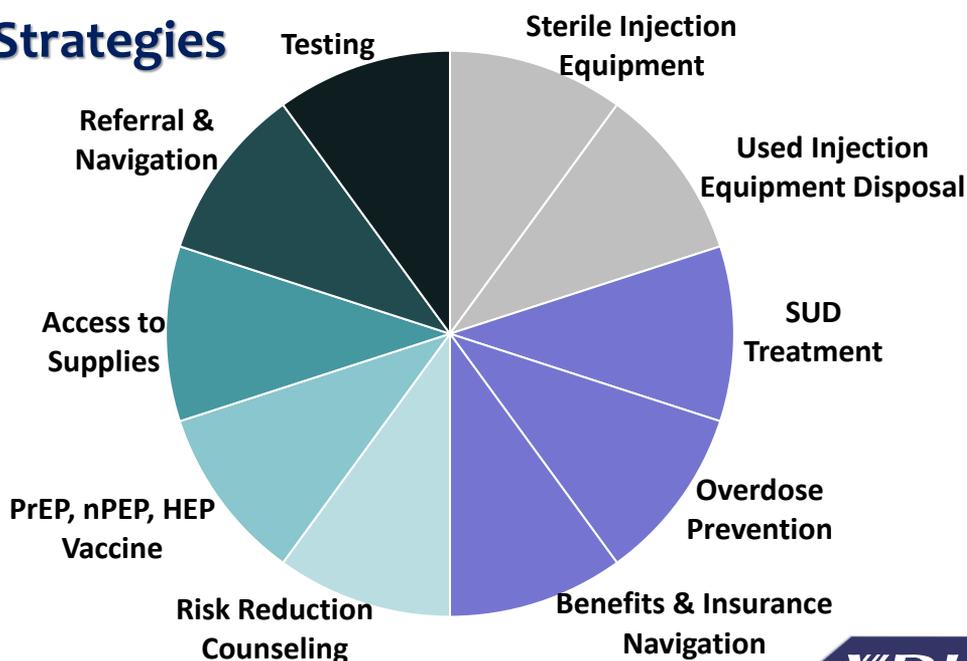
Virginia opening first needle exchange program to  
combat the spread of diseases

Associated Press  
Apr 26, 2018

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
*Protecting You and Your Environment*

10

## Clinical Strategies



11

## Bloodborne Pathogens

Bloodborne pathogens are viruses, bacteria, and other microorganisms that are present in human blood or other potentially infectious materials (OPIM) and can cause disease in humans.

They are spread when the bodily fluids of an infected person enter the blood stream of another person.



12

# It's All About The **BLOOD**



Hep C is passed blood to blood. Know the risks.

Hepatitis C is passed on when the blood of a person with Hep C gets into the bloodstream of another person. By knowing how Hep C enters the body, everyone can take steps to stay safe.



**Bacteria** live on the skin and all other surfaces.

**ON**

**Viruses** live in cells and can be carried in blood.

**IN**



13

# Abscesses



14

## Fast Facts on CHR Programs



State taxpayers paid approximately \$50million for Hep C treatment and \$117million for HIV treatment in 2014 alone.



Crime decreases in areas with a CHR program because participants are connected to housing, food pantries, and other social services.



There is available funding from private foundations to help cover the costs of a CHR program. No local funds are used for the programs.



CHR programs are a gateway to drug treatment. Participants are 5 times more likely to enter treatment than non-participants.



CHR programs prevent the spread of HIV, HCV, and HBV- reducing the taxpayer burden for these diseases. A sterile syringe can prevent these diseases for 7 cents.



CHR programs collect used needles and safely dispose of them, thereby reducing the number of syringes in public areas.



CHR programs reduce needle-stick injuries to law enforcement by 66%.



CHR programs decrease hepatitis C transmission among people who inject drugs by as much as 50%. HIV infection rates have decreased as much as 80% in areas with a CHR program.

## Cost Effectiveness

Lifetime cost of treating HIV ≈ **\$340,000** to **\$620,000** *per infection*

Hepatitis B/C ≈ **\$80,000** to **\$500,000** *per infection*

Cost of curing hepatitis C (*once*) ≈ **\$54,600** to **\$94,500**

Liver transplant ≈ **\$100,000** to **\$575,000**

Law Enforcement Needle Sticks (33% get Needlesticks, 28% get multiple), require PEP, cost **\$4,500** *per incidence*

Healthcare Provider Needlesticks– every 30 seconds, someone gets a stick, some require PEP, cost **\$4,500**

Overdose ≈ **\$6,000** *per case*

When people reuse syringes, they get abscesses ≈ **\$2,000** *per case*

**Sterile syringe ≈ \$0.07 cents**



MEETING PEOPLE WHERE THEY ARE TO PROVIDE HARM REDUCTION AND HEALTHCARE WITHOUT STIGMA AND TREATING THE TOTALITY OF PEOPLE'S LIVES OFFERS HOPE, AND THAT HOPE IS ESSENTIAL TO ENDING THE HIV EPIDEMIC.

Still Reaching: The Syndemics that Complicate and Characterize How Drugs and HIV Intersect in People's Lives  
<https://nida.nih.gov/about-nida/noras-blog/2023/05/still-reaching-syndemics-complicate-characterize-how-drugs-hiv-intersect-in-peoples-lives>

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
To protect the health and promote the  
well-being of all people in Virginia.

17

## NACCHO Project- Phase I

“...to develop a model practice to address the syndemics of HBV, HCV, HIV and opioid abuse that can be adapted and implemented by local health departments throughout the U.S.”

**NACCHO**  
National Association of County & City Health Officials

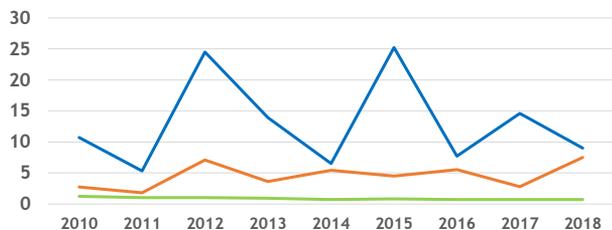
LENOWISCO Health District  
**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH

*With Support from CDC Division of Viral Hepatitis*

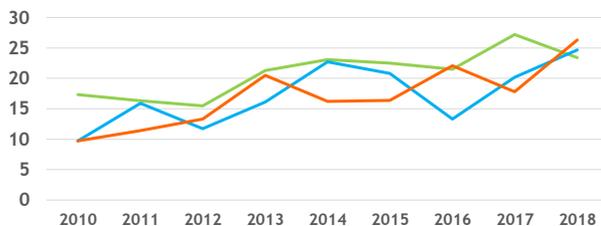
**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
Protecting You and Your Environment

18

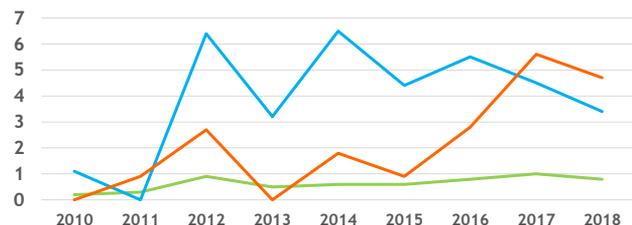
Rates of Acute HBV by District & Year, Virginia 2010-2018



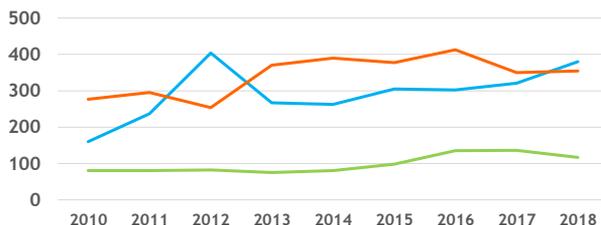
Rates of Chronic HBV by District & Year, Virginia 2010-2018



Rates of Acute HCV by District & Year, Virginia 2010-2018



Rates of Chronic HCV by District & Year, Virginia 2010-2018



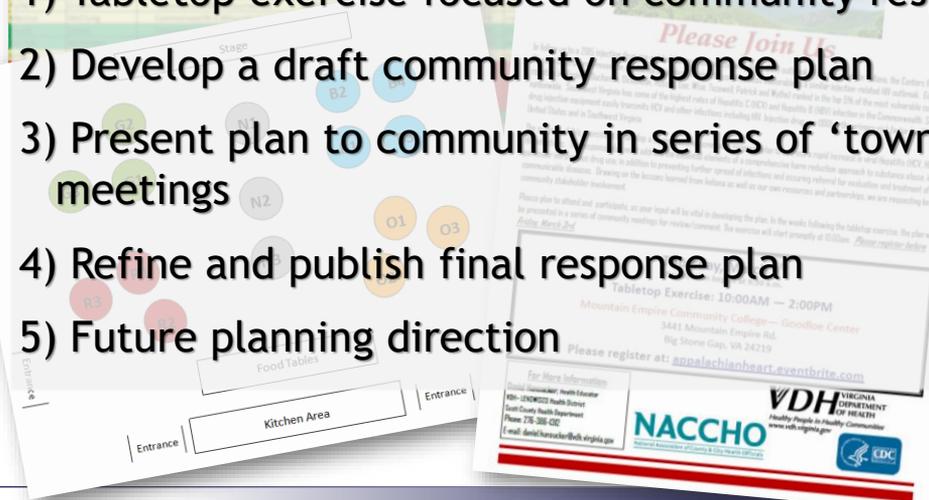
— LENOWISCO — Cumberland Plateau — Virginia



19



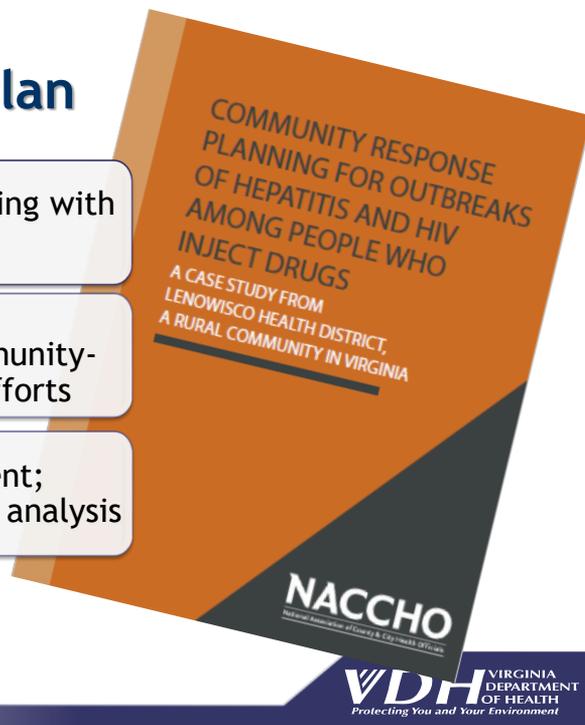
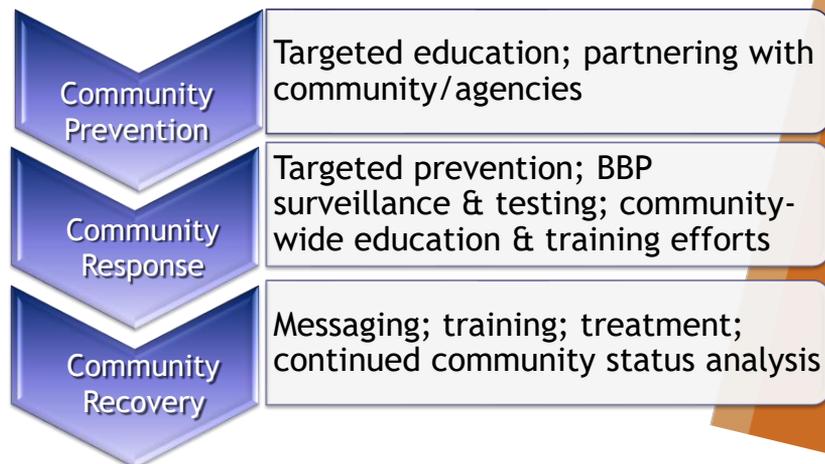
- 1) Tabletop exercise focused on community response
- 2) Develop a draft community response plan
- 3) Present plan to community in series of 'town hall' style meetings
- 4) Refine and publish final response plan
- 5) Future planning direction



20



## Emergency Response Plan



23

## NACCHO Project- Phase II

...to engage local communities, including law enforcement and local government officials to support and implement comprehensive harm reduction; adhering to Virginia Code § 32.1-45.4, Virginia Code § 54.1-3467, as well as identified evidence-based best practice strategies. Criteria to implement a harm reduction program in Virginia is a follows:

- *Demonstrate support from locality's governing body*
- *Demonstrate support from locality's law enforcement*
- *Demonstrate support from the local health department*
- *Demonstrate support from partner agencies that will accept referrals for key services*
- *Demonstrate and document a plan for community engagement.*
- *Demonstration of sufficient administrative capacity including but not limited to budget and source of funding*

**NACCHO**  
National Association of County & City Health Officials

LENOWISCO Health District  
**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH

With Support from CDC Division of Viral Hepatitis

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
Protecting You and Your Environment

24

Charleston, WV Program Tour

Wednesday, January 31, 2018

First Name	Last Name	Locality	Phone #	Email
Dena	Rickman		376-395-4880	denamarie53@gmail.com
Shirley	Smith			ministries@verizon.net
Logan	Horne			
Chrystal	Diets			
Debbie	Moore			
Brenda	Palmer			
Karrie	Potter			
Teresa	Viers			
Lori	Cater			
Cindi				
Shannon				
Michael	Wampler			
Steve				
Danny				
Jason				
Teresa	Meade			
Jason				
James				
Amy	Duncan			
Joie	Cantrell			
Sydney	Manis			
Michelle	McPherson			
Dan	Hunsucker			
Brandi	Jett			
Sue	Cantrell			

# UVA Wise Gilliam Center for the Arts

Wise, VA  
 "Black Box" style theater. Seats between 130 and 200 people. Seating on 3-sides with a 't

**Appalachian Substance Abuse Coalition**  
 for Prevention, Treatment, & Recovery

- 1) Engage community coalitions for support
- 2) Syringe exchange site visit to Charleston, WV
- 3) Community engagement & education forums



Regional Coalition Serving Southwest Virginia:  
 Dian ▀ Buchanan ▀ Carroll  
 Dickenson ▀ Grayson ▀ Lee  
 Russe ▀ Smythe ▀ Tazewell  
 Washington ▀ Wythe  
 Scott ▀ Wise  
 & the Cities of:  
 Bristol ▀ Galax ▀ Norton

The theater is a sort of hybrid performance space with the technical flexibility of a large-scale theater.

**PERFORMANCE VENUE**



## LENOWISCO CHR Overview *As of June 1, 2023*

- **Participants:**
  - Total Participants 600+
  - Ages 20 to 69
  - 5000+ Total Visits
  - Unstably Housed 46%
  - Have Insurance 93%
- **Syringes:**
  - Out: 300,988
  - In: 288,798
  - Return Rate: 96%
- **Overdose:**
  - Naloxone/Narcan 1790
  - Reversals 426
- **Disease Prevention:**
  - HCV Tests 757
  - HIV Tests 762
  - HCV Treatment 165
    - 92% linked to care for first time
  - 0% HCV Reinfection Rate
- **Treatment:**
  - Certified Peer Recovery 99%
  - MAT 26
  - Sober 37

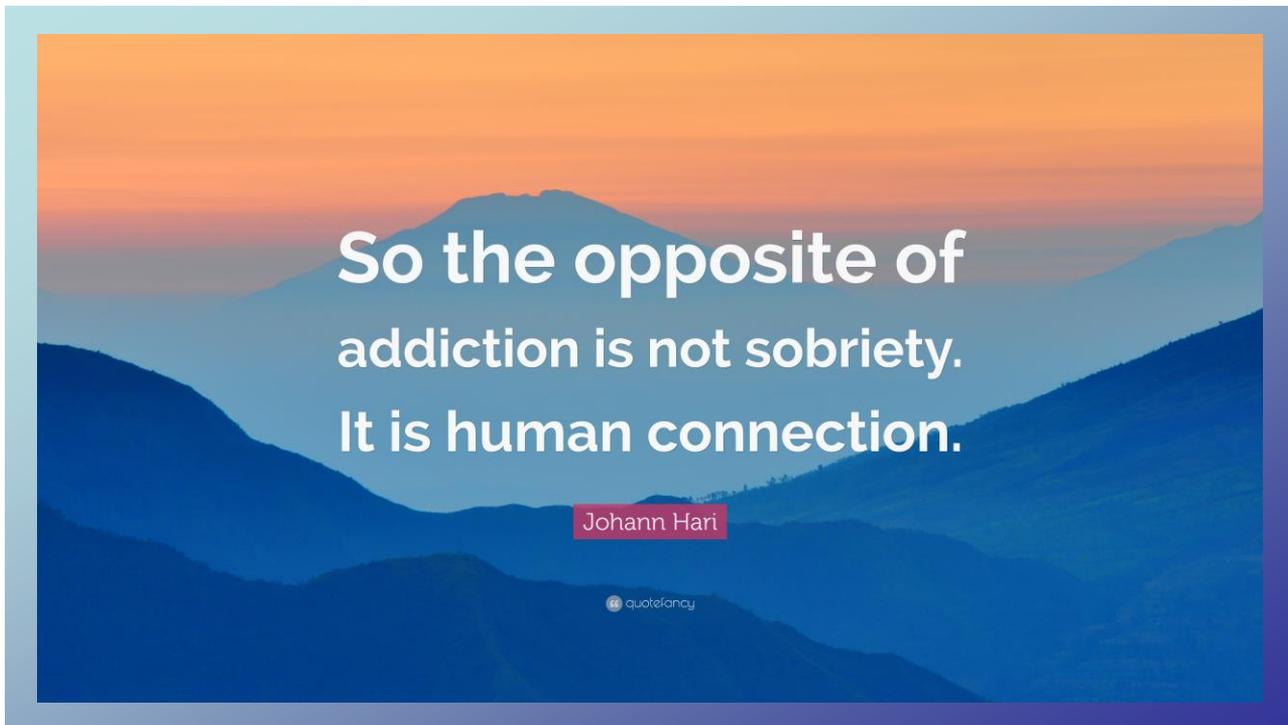


LENOWISCO CHR First Sharps Bin-  
July to October 2018

## Mount Rogers CHR Overview *As of June 1, 2023*

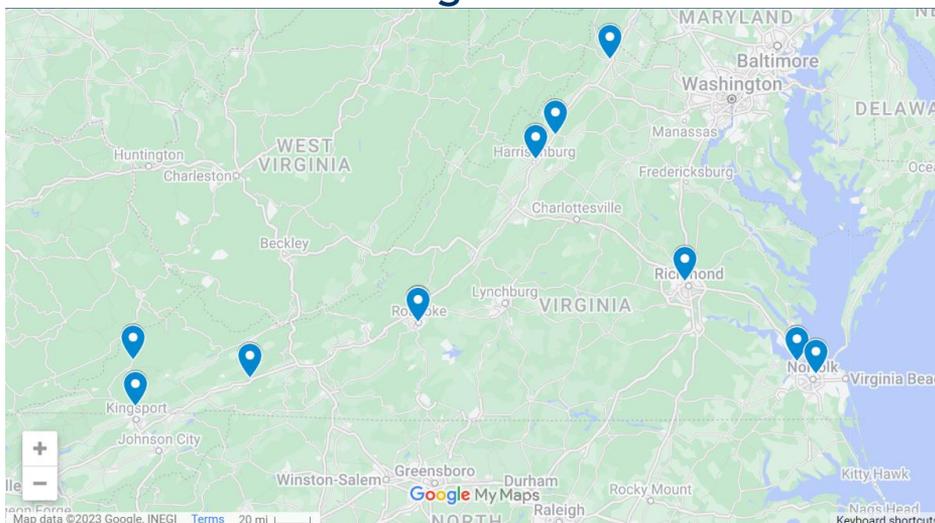
- **Participants:**
  - Total Participants 472
  - Average Age 38
  - Total Visits 3,895
  - Unstably Housed 43%
  - Have Insurance 86%
- **Syringes:**
  - Out: 273,094
  - In: 241,047
  - Return Rate: 82%
- **Overdose:**
  - Naloxone/Narcan 2,000
  - Reversals 308





29

## Virginia Current CHR Programs



30

## Resources & Information

- [Virginia Department of Health- Comprehensive Harm Reduction](#)
- [Comer Family Foundation- Guide to Establishing Syringe Services Programs in Rural, At-Risk Areas](#)
- [County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs](#)
- [SAMHSA's State Needs Assessment Tool](#)
- [Syringe Services Program Development and Implementation Guidelines for State and Local Health Departments](#)
- [Harm Reduction Coalition's Guide to Developing and Managing a Syringe Access Program](#)
- [CDC Program Guidance for Implementing Certain Components of Syringe Services Programs](#)
- [amfAR Opioid & Health Indicators Database](#)
- [National Harm Reduction Coalition's Resource Center](#)
- [CDC's HIV/HCV Cluster Outbreak Response Toolkit](#)
- [NACCHO's Community Preparation for a Response Guidance](#)



*Dan Hunsucker*

*Population Health & Harm Reduction Coordinator*

**Virginia Department of Health**

LENOWISCO & Cumberland Plateau Health Districts

Phone: (276) 298-6657

[Daniel.Hunsucker@vdh.virginia.gov](mailto:Daniel.Hunsucker@vdh.virginia.gov)

*Tammy Bise*

*Harm Reduction Coordinator & ASPIRE Supervisor*

**Virginia Department of Health**

Mount Rogers Health District

Phone: (276) 781-7450

[Tammy.Bise@vdh.virginia.gov](mailto:Tammy.Bise@vdh.virginia.gov)